SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** APPLICANT(S) CLAIMS AFTERIST AFTER 2ND AS FILED AMENDMENT MD DEP **MD** DEP - 100 **MD** DEP MD DEP DEP TOTAL IND. TOTAL DEP. TOTAL CLAMS TOTAL IND. TOTAL DEP. TOTAL **(23.** 20.00 ---